

# **Comfort One Data Form**

An Alaska Comfort One Card a	nd Form have been issued under the number listed above.	
Patient's home zip code:		
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	Comfort One Bracelet Record	
An Alaska Comfort One bracele	t has been issued under the number listed above.	
Date:	Regional Office:	
	Corresponding Comfort One Data Form Received OR Patient has corresponding Identification Card	
Comfort One Patient Id	entification Card - <u>Detach and Put in Wallet</u>	
This individual has been accepted in The Confort One status of the patier the attending physician, at any time.		

# Important:

If emergency medical services personnel, or other health care providers, do not see this wallet card, a **Comfort One** form or a **Comfort One** bracelet, they will attempt to resuscitate the identified patient in accordance with their standard policies and procedures.


Southeast Region EMS Council, Inc. P. O. Box 259 Sitka, AK 99835

Bring or mail with \$14.30 payment to:

Southeast Region EMS Council, Inc. P. O. Box 259 Sitka, AK 99835



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# **Recommendations to Health Care Workers:**

Appropriately trained and equipped health care workers **may** provide comfort care to the do not resuscitate patient by:

Suctioning the airway
Administering oxygen
Assisting the patient to a comfortable position
Providing emotional support
Contacting hospice, home health agency, or attending physician
Providing pain medication (advanced life support personnel with standing orders)

### Health care workers should not:

Use advanced airway devices, such as an ET tube or multilumen airway
Initiate cardiac monitoring
Administer cardiac resuscitation drugs
Defibrillate
ovide ventilatory assistance





Patient Name

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Male Female

Date of Birth

# Sample Form

# \*\*\* Revocation \*\*\*

The Comfort One status of the patient may be revoked by the patient identified on the front of this card or by the attending physician at any time.

Dhysician Name & Talanhana

Physician Name & Telephone

**Emergency Telephone Numbers**